

# 59<sup>th</sup> Medical Wing

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**U.S. AIR FORCE**

## 59 MDW Internal Medicine Product Line Analysis Clinic Response

Information Brief

Briefer: Lt Col Hootsmans

Date: 4 Feb 2005

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***Integrity - Service - Excellence***

# Overview

- 59 MDW/CC Follow-up Issues
  - Manning
  - MEPRS
  - Coding
  - Routine Access
- Basic CAMO Rules
  - Status Update
- Current/Future Problem Areas
- Support Requirements

# Manning

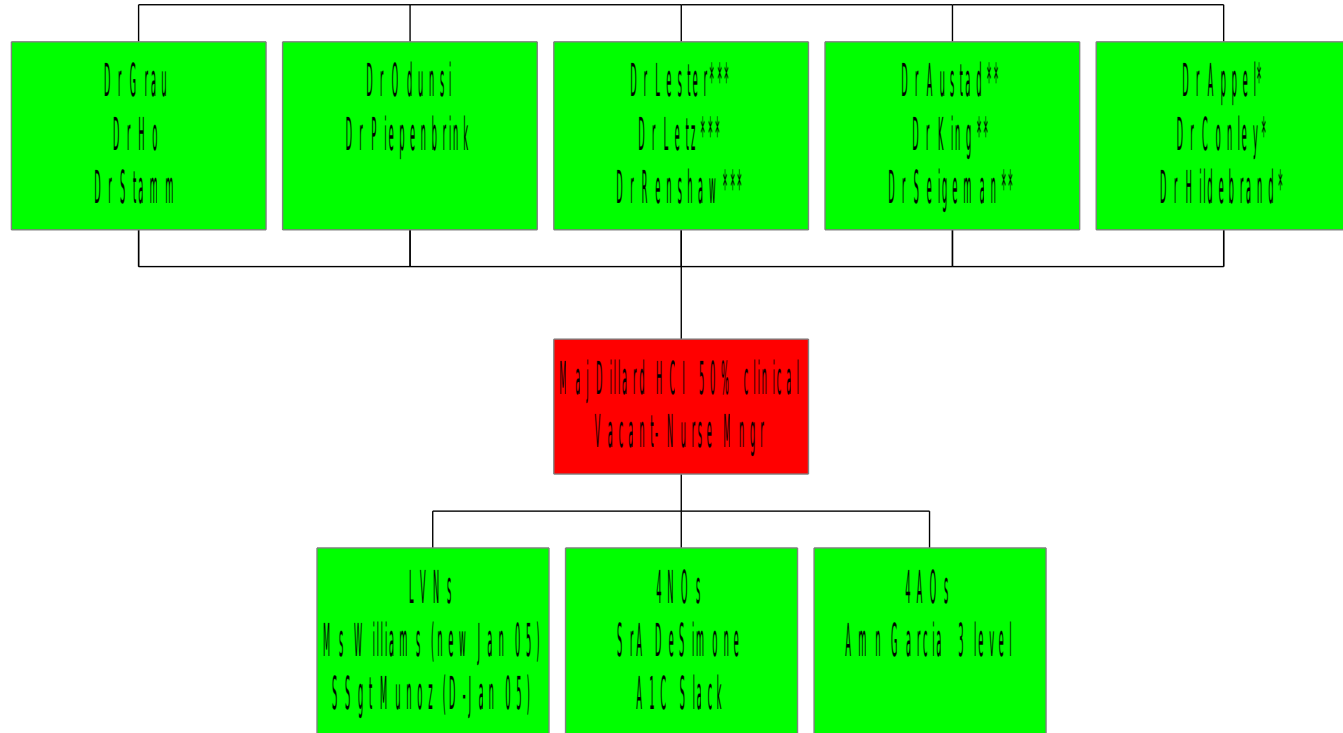
Clarify future manpower fixes to MAPPG06 that your group has initiated, as necessary

## Current Manning

- Presently assigned 18 providers - 14.5 FTEs
  - Providers assigned *493:1—goal 500:1*
- Current enrollment 6,999
- 48 Residents
  
- Support Staff
  - ✓ 5 - 4As    ✓ 16 - 4Ns
  - ✓ 4 - RNs (incl/ 1 HCI)    ✓ 3-contract LVNs

# Red Team

Enrollment: 1667



**RN Authorization:**

**MAPPG 06:**

7

**PCO Model:**

9

**(Red Areas- Indicate Manning Shortage of one RN)**

D=deployed

\*\*\* 3<sup>rd</sup> year Resident

\*\* 2<sup>nd</sup> year Resident

\* 1<sup>st</sup> year Resident

# White Team

Enrollment: 1639

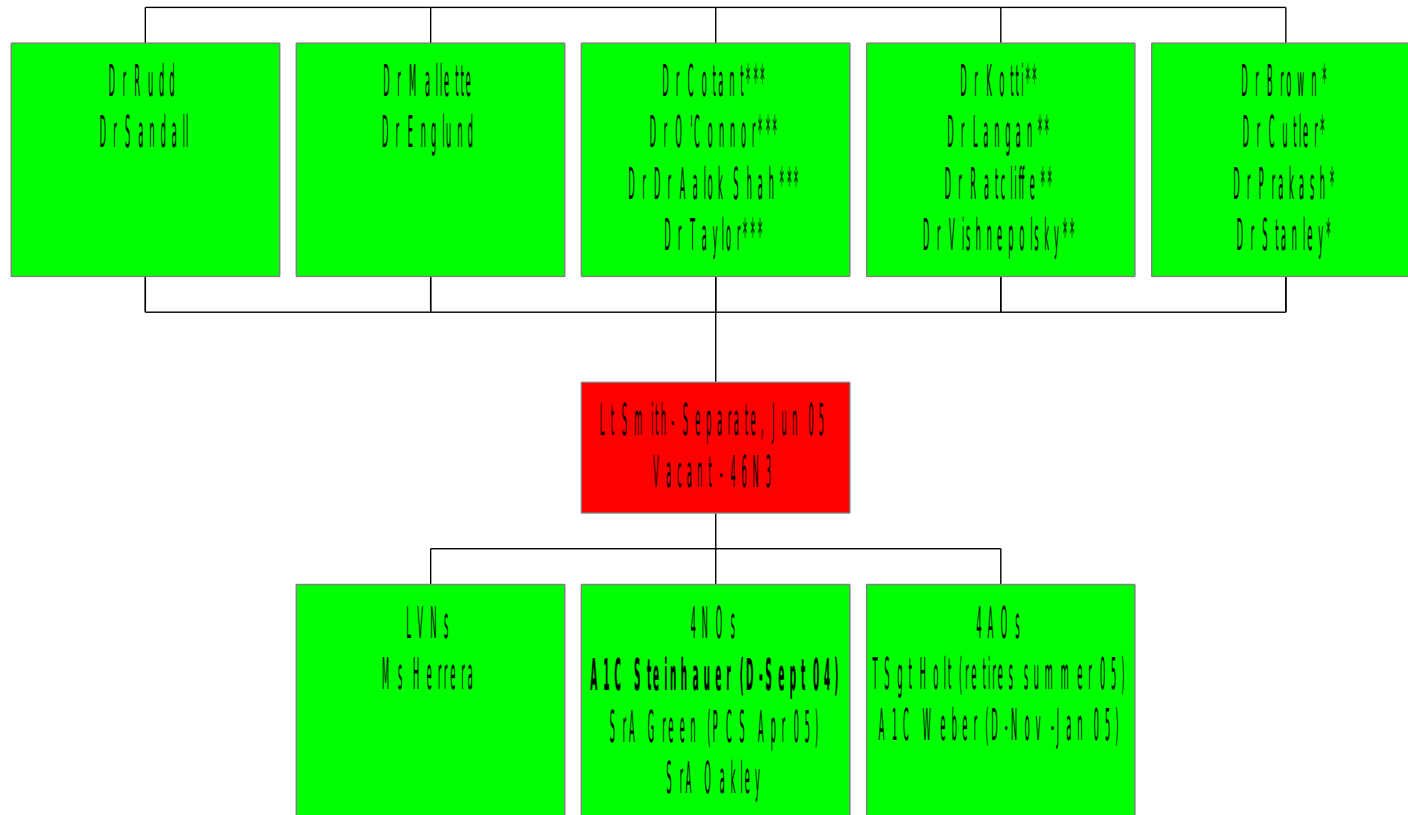


**(Red Areas- Indicate Manning Shortage of one RN)**

D=deployed  
\*\*\* 3<sup>rd</sup> year Resident  
\*\* 2<sup>nd</sup> year Resident  
\* 1<sup>st</sup> year Resident

# Blue Team

Enrollment: 1890

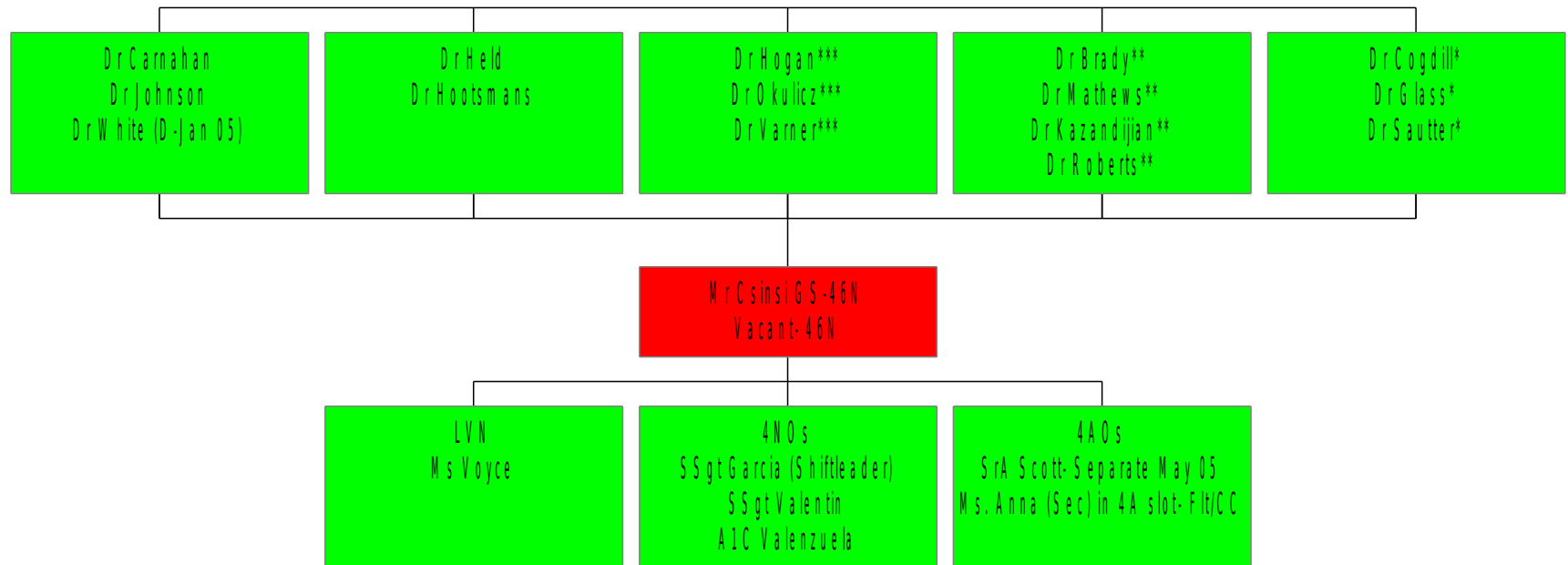


D=deployed  
\*\*\* 3<sup>rd</sup> year Resident  
\*\* 2<sup>nd</sup> year Resident  
\* 1<sup>st</sup> year Resident

**(Red Areas- Indicate Manning Shortage of one RN)**

# Stars & Stripes Team

Enrollment: 1746



**(Red Areas- Indicate Manning Shortage of one RN)**

D=deployed  
\*\*\* 3<sup>rd</sup> year  
Resident  
\*\* 2<sup>nd</sup> year  
Resident  
\* 1<sup>st</sup> year

# Internal Medicine Staffing

- 1-2 44Ms deployed during any cycle

## Product Line 1 Briefing

	Authorized				Assigned				
	Mil	GS Civ	Total		Mil	GS Civ	Contract	Total	Staffing
44M3	16	0	16		17	0	0	17	100%*
44G3	1	0	1		1	0	0	0	0%**
Support									
46N3 RN	7	1	8		5	1	0	6	75%
4N0 LVNs	17	1***	17		12	1***	4	16	94%
4A0 Admin	7	2	9		4	3****	0	6	67%

## Product Line 2 Briefing

	Authorized				Assigned				
	Mil	GS Civ	Total		Mil	GS Civ	Contract	Total	Staffing
44M3	16	0	16		17	0	0	17	100%*
44G3	1	0	1		0	1	0	0	0%**
Support									
46N3 RN	4	1	5		4	1	0	5	100%
4N0 LVNs	16	1***	16		12	1***	4	16	100%
4A0 Admin	4	4	8		5	2	0	7	87%

**Source: Authorized, WHMC Intranet UMD, 18 Nov 04**  
**Line 1 brief**

**Indicates different from Product Line 1 brief**



# Access

Present any plans to improve access to care for routine appointments, if possible:

Why is Routine Access a challenge?

- Was not being actively monitored

Now that Problem is identified, how will you fix?

- ✓ Effective Oct 04, experienced GPM assigned
- ✓ Staff received training on booking appropriately
- ✓ Daily Template Management by 4As & GPM
- ✓ Effective, 14 Nov 04, CAMO responsible for booking

# MEPRS

Fix your MEPRS data, if necessary

- ✓ Met with Ms. Modzelesky, Oct 2004 on how to customize templates (staff & residents)
- ✓ Trained staff members on how to adapt their template to reflect how they spend their time, Oct 04
- ✓ Understand the following must occur: code staff as “staff” and residents/fellows as GME; WHMC MEPRs POC was provided with current staff/resident list

# MEPRS

Show “corrected” MEPRS information on a graph and indicate steps to ensure MEPRS templates will be corrected/monitored for accuracy in the future

“We have been unable to process any data for FY 05. Sep of FY 04 is the latest data out there. We are compiling the data and when our systems have been repaired, we will enter that data. I am sorry for any inconvenience.

“ Millie Modzelesky, Dtd: 21 Jan 05

# Coding

## Current Coding

- ✓ Ms. Plager contacted, Oct 04, met Medical Director to discuss documentation to achieve highest RVU for patient encounters
- ✓ Later, trained Internal Medicine (IM) providers, Oct 04

**RVU at 120% from Oct - Dec 04**

Clinic

FY04 FY05

**Internal Med**

**2,849**

**3,409**

(Source: Wing Data Analysis Center, Dec 04)

# Coding

## Future Coding:

✓ Ms. Plager, contacted again: Jan 05 for additional education, ready to go to the next level—higher RVUs

✓ Will meet with IM provider again, Mar 05, after CHCSII training

✓ Inpatient consults/stress test captured as of Dec 04

• *Pursue Super bill option: Not Applicable*

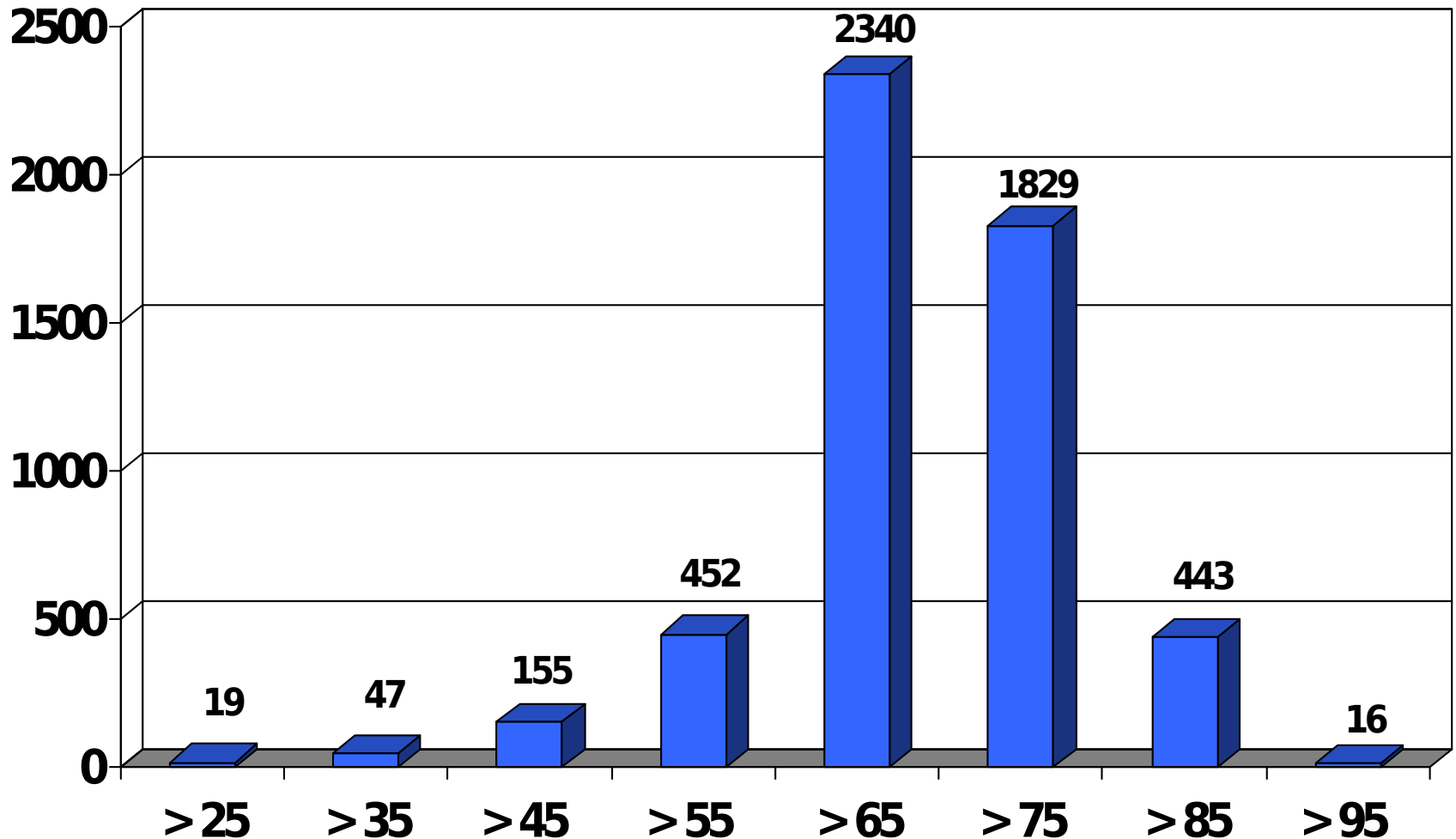
Bottom Line: Get educated on documentation, apply it, and know your coder (Ms. Linnie Forehand)

# Initial Clinic Business Rules

- What kinds of patients: (Prime/Plus)
- Procedures for working in same-day, or special patients:  
Provider notifies 4A to put the patient in an “bookable” appt slot, we normally have ~6-10 Acute available at EOD:
  - ✓ Get “Acute” Access Credit
  - ✓ Generates Record Request (improves record availability)
  - ✓ Assist providers in gauging “real” demand
  - ✓ Ensuring availability of an exam room, to accommodate unplanned appt

# IMC Population Demographics

## Patient Breakdown by Age



# Areas of Concern

## Current/Future Problem Areas

- Identify problems and concerns:
  - Shortage of Exam Rooms/Support Staff—current share both with STAR Clinic staff/patients
  - **Why a problem now?**

Some providers only have one exam room, decrease efficiency of patient flow, difficult to walk-in patients because there are no rooms.
  - Additional 1000 + patients—not being booked in appropriate appointment slot
  - Premise of 500:1 based on certain staffing requirement which we don't have (+ *residency program*)
- Offer recommendations to fix:
  - Request additional exam space/support staff



# Areas of Concern

## Current/Future Problem Areas

- Identify problems and concerns:
  - ✓ CAMO: Un-booked appointments; Majority of unbookable appts are Residents
  - ✓ CAMO: Access (incorrect booking, specifically ROUT outside access standards)
  - ✓ Clinic RNs: Too much time on telephones: TCONs/Scripts Refills, correcting CAMO booked appointments

Solutions: Working an internal fix that will allow RNs to provide team specific disease management and clinic follow-up

- ✓ Continue communication with CAMO to ensure problems are identified/fixed

# Support Requirements

Identify what you need in terms of \$, personnel, equipment, etc

to be more efficient and/or productive and why

## **Problem/issue:**

Support Staff for Resident and Exam Rooms:

- Specifically 4Ns/4As (more providers in clinic than we have support staff)

## **Recommendations to fix:**

- Clear “Matrixed” positions from our clinic and allocate to where actually assigned (Superintendent & GPM working); hire to cleared positions, when funds become available
- Space Request has been submitted, Jan 05 for Family Practice Space

# 19 January 2005

19-Jan-05

## Internal Medicine Clinic & Star Center Daily Assignment Sheet

**AM**

**Shift Leader:** Smith Oakley

**Check-out:** Green/Valenzuel\*

**ACD Line:** Csinsi

**Tx Room:** Soli\*\*\*

**W/I&V/S:** Anders\*\*/Desimone/Slack\*

	Physician	Tech	Nurse		Tech	Nurse
1	Glanton	Wollersheim		19	ramirez	
2	Glanton			20	odunsi	
3	Met. Lab			21	odunsi	
4	medland			22	held	
5	tanton			23	held	
6	true M.			24	ward	
7	Cassidy			25	W/I	
8	Cassidy			26	W/I	
9	Foody			27	rudd	Baumeister*
10	Foody			28	rudd	
11	Carnahan	Oakley		29	englund	
12	Carnahan			30		
13	johnson			31	englund	
14	johnson			*32	higgs	
15	clark			*33	higgs	
16	sautter			*34	W/I	
17	O'Connor			*35	W/I	
18	appel	Pitcher**		*36	W/I	

**Docs =\***

**Appointments**  
Valentine- 0900

**PM**

**Shift Leader:** Smith Oakley

**Check-out:** Green/Valenzuel\*

**ACD Line:** Csinsi

**Tx Room:** Soli\*\*\*

**W/I&V/S:** Wollersheim/Baumeister\*

	Physician	Tech	Nurse		Tech	Nurse
1	sauwerwein	Slack*		19	kotti	
2	sauwerwein			20	austad	
3	Met. Lab			21	wong	
4	golding			22	held	
5	tanton			23	held	
6	golding			24	shah, Aalok	
7	Dantzler			25	shah, Aalok	
8	Dantzler			26	W/I	
9	Letz			27	fiechtner	Pitcher**
	Letz			28	fiechtner	
	okulicz			29	mallette	
12	renshaw			30	ward	Anders** PROC.
13	renshaw			31	mallette	
14	piepenbrink			*32	higgs	
15	piepenbrink			*33	higgs	
16	O'Connor	Desimone	72 hr doctor	*34	True, D	
17	O'Connor			*35	W/I	
18	king			*36	W/I	

**Deployed:**Burch/Munoz/Carter/

**LV:** Garcia

**Herevia\*\***

# Current Access

Oct – Dec 2004

INTERNAL MED	OCT	ACUT	96%	ROUT	75%	WELL	61%	SPEC	95%
	NOV	ACUT	97%	ROUT	76%	WELL	86%	SPEC	96%
	DEC	ACUT	94%	ROUT	61%	WELL	80%	SPEC	91%